



CENTREPAY DEDUCTION AUTHORITY
ALEXANDRA HILLS STATE HIGH SCHOOL
 CENTRELINK REFERENCE NUMBER: 555-080-948-X

Parent/Guardian details:

NAME	
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DATE OF BIRTH:	/ /	OFFICE USE Ref:	
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CENTRELINK REF NUMBER:		-		-		-	
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START A NEW DEDUCTION:

I authorise the Australian Government Department of Human Services to make the deduction and pay the amount to Alexandria Hills State High School for Education expenses, as I have directed below:

FROM WHICH PAYMENT?		e.g. Family Tax Benefit, Newstart Allowance
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DEDUCTION AMOUNT:	\$ PER FORTNIGHT	Minimum of \$25 per fortnight
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COMMENCING FROM:	<input type="checkbox"/> Next available payment	
OR	<input type="checkbox"/> / /	A future payment (up to 8 weeks in advance)

I request payment continue until:

- TARGET amount of: \$_____ is reached. (**Note:** if a deduction has a target amount and the final deduction is set to pay less than \$2, the second last deduction will be increased by up to \$2 to cover the final amount.) **OR**;
-/...../..... date is reached **OR**;
- Continue until cancelled.

TO CHANGE YOUR CURRENT DEDUCTION

I want to:

- CHANGE TARGET** amount to: \$_____ (**Note:** if a deduction has a target amount and the final deduction is set to pay less than \$2, the second last deduction will be increased by up to \$2 to cover the final amount.) **OR**;
- CHANGE DEDUCTION** amount to \$_____ per fortnight **OR**;
- CANCEL** current deduction. Deduction to stop: next available payment date **OR**:
/...../..... A future payment date.

I give permission for Alexandria Hills State School to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I also give permission for Alexandria Hills State High School to give the Department of Human Services my correct account and billing number if required.

I understand that: I can change or cancel my deduction at any time; and further information about Centrepay can be found online at humanservices.gov.au/centrepay

Customer signature: _____ date ____/____/____



PAYMENT SCHEDULE – OFFICE USE ONLY

NAME	
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DATE OF BIRTH:	/ /	OFFICE USE Ref:	
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CENTRELINK REF NUMBER:											
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Student Name: _____ Year Level: _____	SRS Levy: _____ Other Levy: _____	Amount per fortnight: _____ Finalising: _____
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Office Use Only:

Jan						Jul					
Feb						Aug					
Mar						Sept					
Apr						Oct					
May						Nov					
Jun						Dec					